

## Mapping isometry and length changes in ligament reconstructions of the knee

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## Citation

Kernkamp, W. A. (2020, October 14). Mapping isometry and length changes in ligament reconstructions of the knee. Retrieved from https://hdl.handle.net/1887/137727

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**Note:** To cite this publication please use the final published version (if applicable).

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Author: Kernkamp, W.A. Title: Mapping isometry and length changes in ligament reconstructions of the knee Issue Date: 2020-10-14 Stellingen behorende bij het proefschrift

## Mapping Isometry and Length Changes in Ligament Reconstructions of the Knee

- 1. Ideal tunnel positions for ligament reconstruction do not remain equidistant, i.e. isometric, throughout the knee's range of motion. (*This thesis*)
- 2. Minor changes in tunnel positioning cause major changes in the graft elongation during the knee's range of motion initiating a chain of problems. (*This thesis*)
- 3. The anatomic anterolateral ligament reconstruction yields unfavorable length changes, a functional lateral extra-articular tenodesis is needed. (*This thesis*)
- 4. In the future, improving ligament reconstructions of the knee may omit the step of in-vitro research. (*This thesis*)
- 5. Anatomic individualized ligament reconstructions of the knee are the future. (*This thesis*)
- 6. The terms stability and laxity are often confused or used interchangeably in literature; however, they are not the same.
- 7. Pyramids were built with a broad foundation for a reason. Similarly, biomechanics form the foundation for orthopedic surgery.
- 8. The doctor's job is changing rapidly due to all advances made inside and outside of the medical profession. Soon many doctors will be superfluous.
- 9. Medical training has not changed for over a century, perhaps it is time to change.
- 10. For a positive healthcare system, co-operation of the population is a primary requirement.
- 11. For medical scientific research, coordination between clinical and basic sciences are a mandatory condition. (*prof. em. O. Vos; October* 7<sup>th</sup>, 1953)